Division of Developmental Services
Virginia SIS® Instructions—Removal Request Form

This form is used to remove an individual from the SIS® Master List at DBHDS and Ascend.

1. Enter individual's name.

2. Choose one reason for removal. If removal reason is not identified, check other and give reason.

3. Request must be reviewed and approved by the CSB's SIS® Administrator.

4. Complete individual's identifying information.

5. Complete Support Coordinator/Case Manager's identifying information.

6. Complete Guardian/Authorized Representative identifying information.

7. After approval by the SIS® Point Person, the form is forwarded to the Regional Support Specialist.

8. Before taking any action, the Regional Support Specialist verifies the reason for removal.

9. The form is forwarded to Ascend.